

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 101703728

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2				1		
3				1		
4				1		
5				1		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
11		1		1		
12	1		1			
13		2		2		
14		2		2		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20	1		1			
21		1		1		
22		1		1		
23		1		1		
24		2		2		
25		2		2		
26		2		2		
27		2		2		
28		2		2		
29		1		1		
30		1		1		
31		1		1		
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44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.	5					
TOTAL DEP.	66					
TOTAL CLAIMS	71					
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55	1		1			
56		1		1		
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100						
TOTAL IND.		5				
TOTAL DEP.		60				
TOTAL CLAIMS		65				